

Summary of: Care home staff knowledge of oral care compared to best practice: a West of Scotland pilot study

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FULL PAPER DETAILS

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Aim To evaluate care home (N) staff knowledge of oral care provision for dependent older people in comparison to guidelines from NHS Quality Improvement Scotland (NHSQIS). This pilot study also aimed to identify barriers to delivering oral care and determine if oral health educator (OHE) training had an effect upon staff knowledge of oral care delivery. **Setting** This cross-sectional analytic investigation was undertaken within the Greater Glasgow & Clyde area between 2005 and 2007. **Methods** From 33 care homes (N), 28 participated in data gathering through an interview schedule involving 109 staff. A 'knowledge check-list' founded upon daily oral care guidelines from the NHSQIS best practice statement (BPS) served as a template for knowledge assessment. An OHE undertook small group discussions related to the BPS in a sub-group of original participants and a second round of data was collected. **Results** The majority of surveyed staff (n = 86, 79%) agreed that residents required assistance with oral care and placed oral care (n = 85, 78%) in a moderate to high priority. However, only 57% of managers and 49% of nurses had received training in oral care provision. Most staff (79% of managers, 85% of nurses) were unaware of the NHSQIS BPS. Deficiencies in knowledge were identified in several areas of the BPS. In particular, knowledge in the care of the natural dentition was inadequate. Between pre- and post-OHE training, the research suggests the following areas are liable to change: prioritisation given to oral care (p = 0.01), perceived competence (p < 0.0001) and confidence in providing oral care advice (p < 0.0001). Following OHE intervention, staff knowledge in oral care procedures compliant with best practice guidelines increased by 45%. **Conclusions** Knowledge of oral health provision by those responsible for the care of home residents was deficient. An OHE training programme structured around the NHSQIS BPS demonstrated a measurable increase in levels of staff knowledge of oral care procedures.

EDITOR'S SUMMARY

Older people can be susceptible to a variety of oral conditions, as is highlighted in the final paper in our series on special care dentistry (see pages 421-434 in this issue). It might therefore be expected that oral care would be an integral part of the support given to residents in nursing homes and hospitals for the elderly. Unfortunately the results of this study seem to suggest otherwise.

The authors set out to evaluate the oral care provision knowledge of staff in 28 care homes in the Greater Glasgow and Clyde area of Scotland. The NHS Quality Improvement Scotland (NHSQIS) best practice guidelines on oral health for dependent older people were used as a comparison, and a small group of the original participants took part in group discussions with an oral health educa-

tor to look at the effect this had on their subsequent knowledge.

The results showed that knowledge of oral healthcare provision was deficient among those responsible for care home residents. While the majority of nurses and care home managers agreed that residents required assistance with their oral care, only around half had received any training in oral care provision and most were unaware of the NHSQIS best practice statement. This raises concerns about the adequacy of the training that nursing home carers and managers receive. The sub-group of participants who took part in group discussions with an oral health educator (OHE) showed improved attitudes to and knowledge of effective oral healthcare procedures after the OHE intervention. It is therefore worrying to see that OHEs no longer have responsi-

bility for educating care home staff in the Greater Glasgow area.

Oral care is relatively simple to perform and maintain and can have dramatic effects on an older individual's quality of life. That this area may be being neglected is unacceptable, particularly when this study suggests that improving the knowledge of care staff can be easily achieved with basic training. It is to be hoped that this pilot study will be the starting point for further, more detailed research into this area and will ultimately result in improved care across the UK.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 205 issue 8.

Rowena Milan,
Journal Editor

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IN BRIEF

- Standards of knowledge of oral care provision for the elderly within care homes in the West of Scotland has been identified as sub-optimal.
- Oral health educator training based upon the NHSQIS 'protocol for daily oral care' was demonstrated to improve knowledge and attitudes of surveyed staff.
- The explanatory nature of this study highlights a number of important areas for future research.

COMMENT

It is 25 years since I was first involved in surveying the dental health of elderly residents in care homes. The picture was not rosy. Dental care was very much confined to emergencies or treatment following very determined requests by residents or relatives. Care staff were, by and large, unaware of the dental needs of those they were looking after. Gradually the situation had, I thought, improved and the community dental service has taken a proactive role to improve matters in many areas of the UK. However, the finding of this study from Glasgow and Stirling University suggests there is no reason to be complacent. The fact that the majority of care staff were completely unaware of the 2005 best practice statement *Working with dependant older people to achieve good oral health* is shocking. The knowledge base of the care staff was also disappointing with regard to dental care, pointing to a deficiency in nurse education in this area.

The best aspect of this paper, apart from the excellent review of the literature, is that it offers a solution to improve the situation. The role of oral health educators in improving the knowledge base of the care staff is clear. This is an obvious way forward in raising awareness and therefore improving care. The authors highlight the demographic challenges that care for the elderly will have to meet and so educational interventions such as this will be increasingly important. Of course, appropriate funding and

planning will also be needed to ensure that the dental care of elderly residents is not regarded *en supplement*, but as an essential.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The principal author had frequently noted poor levels of oral health of nursing home residents. When investigating current oral care guidelines, we encountered the best practice statement *Working with dependent older people to achieve good oral health* by NHS Quality Improvement Scotland. We were interested to establish how widely disseminated the document was and to determine if care home staff knowledge met these guidelines.

Oral health educators (OHEs) have been used in several studies to improve care staff knowledge. Prior to commencing this pilot study, OHEs within Greater Glasgow had been absolved of responsibility for education of care home staff. We were concerned that withdrawal of OHE intervention may have a detrimental impact upon residential oral care. Therefore, we were interested in analysing the effect of a structured training programme upon staff knowledge and the use of this as potential evidence of efficacy of oral health education within care homes.

2. What would you like to do next in this area to follow on from this work?

This was an exploratory pilot study, which used a convenience sample. Further research in this area using a control group is required in order to definitively attribute changes in staff knowledge and attitude to the OHE training received.

It has now been three years since the NHSQIS BPS guidelines were released. It would therefore be worthwhile investigating if dissemination of this document has become more widespread since our pilot investigation was undertaken.